

**Caution: DRAFT FORM**

This is an advance draft copy of a California tax form. It is subject to change and FTB approval before it is officially released.

If you have any comments on this draft form, you can submit them to us on our website at [www.ftb.ca.gov/forms/drafts/index.html](http://www.ftb.ca.gov/forms/drafts/index.html).

**2009****Resident and Nonresident Withholding  
Tax Statement****592-B****Copy A** FOR WITHHOLDING  
AGENT'S RECORDS**Part I Recipient**

Name of Recipient		SSN or ITIN
Address (including suite, room, PO Box, or PMB no.)		<input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no.
City	State	ZIP Code

**Part II Withholding Agent**

Name of Withholding Agent (Payer/S Corporation/Partnership/LLC/Trust)		SSN or ITIN
Address (including suite, room, PO Box, or PMB no.)		<input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no.
City	State	ZIP Code
		Daytime telephone number ( )

**Part III Type of Income Subject to Withholding.** Check the applicable box(es).

<input type="checkbox"/> Payment to Independent Contractor (I/C)	<input type="checkbox"/> Payment to I/C Entertainer/Athletes/Speakers	<input type="checkbox"/> Rents or Royalties	<input type="checkbox"/> Estate Distributions	<input type="checkbox"/> Trust Distributions	<input type="checkbox"/> Allocations to Foreign (non U.S.) Nonresident Partners/Members	<input type="checkbox"/> Distributions to Domestic (U.S.) Nonresident S corporation Shareholders/Partners/Members/Beneficiaries	<input type="checkbox"/> Other (describe)
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**Part IV Tax Withheld**

1 Total income subject to withholding	1	00
2 Total California tax withheld	2	00

**Withholding Agent Instructions****General Information****Registered Domestic Partners (RDP) –**

RDPs under California law must file their California income tax returns using either the married/RDP filing jointly or married/RDP filing separately filing status. RDPs have the same legal benefits, protections, and responsibilities as married couples unless otherwise specified.

If you entered into in a same sex legal union in another state, other than a marriage, and that union has been determined to be substantially equivalent to a California registered domestic partnership, you are required to file a California income tax return using either the married/RDP filing jointly or married/RDP filing separately filing status. For more information on what states have legal unions that are considered substantially equivalent, go to our website at [ftb.ca.gov](http://ftb.ca.gov) and search for RDP.

For purposes of California Income tax, references to a spouse, a husband, or a wife also refer to a registered domestic partner (RDP), unless otherwise specified. When we use the initials RDP they refer to both a California registered domestic “partner” and a California registered domestic “partnership,” as applicable. For more information on RDPs, get FTB Pub. 737, Tax Information for Registered Domestic Partners.

**Round Cents To Dollars** – Round cents to the nearest whole dollar. For example, round \$50.50 up to \$51 or round \$25.49 down to \$25.

**A Purpose**

For purposes of this form, the term, nonresident, refers to both domestic and foreign recipients. A domestic nonresident is a person living outside of California, but living in the United States. If you are a resident living outside of the United States, you are a foreign nonresident.

Use Form 592-B, Resident and Nonresident Withholding Tax Statement, to show the amount of income subject to withholding and tax. Complete a separate Form 592-B for each resident or nonresident. Pass-through entities which were withheld upon by another entity should use Form 592, Quarterly Resident and Nonresident Withholding Statement, to flow-through the withholding to their S corporation shareholders, partners, members, or beneficiaries whether they are residents or nonresidents of California.

Use Form 592, to remit withholding payments during the year. To remit foreign partner withholding payments use Form 592-A, Foreign Partner or Member Quarterly Withholding Remittance Statement.

**B Common Errors / Helpful Hints**

- Get identification numbers from all payees.
- Complete all fields.
- Complete Form(s) 592-B timely to avoid penalties.

**C Who Must Complete**

Form 592-B must be completed by any person who:

- Has withheld on payments to residents or nonresidents.
- Is a pass-through entity that was withheld upon and must flow-through the withholding credit.

Give one copy of Form 592-B to the persons or entities withheld upon.

**D When To Complete**

Form 592-B must be provided to:

- Each resident or nonresident before January 31 following the close of the calendar year.
- Foreign partners in a partnership or members in a limited liability company (LLC) on or before the 15th day of the 4th month following the close of the taxable year.

If all the partners in the partnership or members in the LLC are foreign, Form(s) 592-B must be provided on or before the 15th day of the 6th month after the close of the taxable year.

Copy A of Form 592-B is retained by the withholding agent.

Copy B of Form 592-B is provided to the recipient to file with their state tax return.

Federal law requires that payees be notified within 10 days of the quarterly installment payment date regarding any tax withheld. For California withholding purposes, withholding agents should make similar notification. No particular form is required for this notification, and it is commonly done on the statement accompanying the distribution or payment. However, the withholding agent may choose to report the tax withheld to the payee on a Form 592-B.

## E Penalties

The withholding agent must furnish complete and correct copies of Form(s) 592-B to the recipient (vendor/payee) by the due date.

If the withholding agent fails to provide complete, correct, and timely Form(s) 592-B to the recipient (vendor/payee), the penalty per Form 592-B is:

- \$50 if provided late to the recipient.
- \$100 or 10% of the amount required to be reported (whichever is greater) if the failure is due to intentional disregard of the requirement.

## Specific Instructions

**Year** – Make sure the year in the upper left corner of Form 592-B represents the calendar year in which the withholding took place. However, if an S corporation's, partnership's, LLC's, or trust's current distribution represents a prior taxable year of California source income, attach a letter to that Form 592-B explaining that the distribution took place in the current withholding year, but was for a prior tax year. (Except for foreign partners, withholding of tax by withholding agents must be on a calendar-year basis, regardless of the accounting period adopted by the vendor/payee or withholding agent.)

For foreign partners in a partnership, or foreign member in an LLC, make sure the year in the upper left corner of Form 592-B is the year that the partnership's or LLC's taxable year ended. For example, if the partnership's or LLC's taxable year ended 12/31/07, use the 2007 Form 592-B.

## Part I – Recipient

Enter the name, tax identification number, and address for the recipient (vendor/payee).

If the recipient is a **grantor trust**, enter the grantor's individual name and SSN or ITIN.

**Do not enter the name of the trust or trustee information.** (For tax purposes, grantor trusts are transparent. The individual grantor must report the income and claim the withholding on the individual's California tax return.)

If the recipient is a **non-grantor trust**, enter the name of the trust and the trust's federal employer identification number (FEIN). **Do not enter trustee information.**

If the trust has applied for a FEIN, but it has not been received, zero fill the space for the trust's FEIN and attach a copy of the federal application behind Form 592-B. After the FEIN is received, amend Form 592-B to submit the assigned FEIN.

Only withholding agents can complete an amended Form 592-B. Upon completion, the withholding agent should provide Copy B to the recipient. If a recipient notices an error, the recipient should contact the withholding agent.

If the recipients are married/RDP, enter only the name and SSN or ITIN of the primary spouse/RDP. However, if the recipients intend to file separate California tax returns, the withholding agent should split the withholding and complete a separate Form 592-B for each spouse/RDP.

## Part II – Withholding Agent

Enter the withholding agent's name, tax identification number, address, and telephone number.

**Private Mail Box** – Include the Private Mail Box (PMB) in the address field. Write "PMB" first, then the box number. Example: 111 Main Street PMB 123.

## Part III – Type of Income Subject to Withholding

Check the box(es) for the type of income subject to withholding.

## Part IV – Tax Withheld

### Line 1

Enter the total income subject to withholding.

### Line 2

Enter the total California tax withheld. The amount of tax to be withheld is computed by applying a rate of 7% on items of income subject to withholding i.e. interest, dividends, rents and royalties, prizes and winnings, premiums, annuities, emoluments, compensation for personal services, and other fixed or determinable annual or periodical gains, profits and income. For foreign partners the rate is 9.3%. For pass through entities, the amount withheld is allocated to partners, members, S corporation shareholders, or beneficiaries, whether they are residents or nonresidents of California, in proportion to their ownership or beneficial interest.

**2009****Resident and Nonresident Withholding  
Tax Statement****592-B****Copy B** FILE WITH THE  
STATE RETURN**Part I Recipient**

Name of Recipient		SSN or ITIN
Address (including suite, room, PO Box, or PMB no.)		<input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no.
City	State	ZIP Code

**Part II Withholding Agent**

Name of Withholding Agent (Payer/S Corporation/Partnership/LLC/Trust)		SSN or ITIN
Address (including suite, room, PO Box, or PMB no.)		<input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no.
City	State	ZIP Code
		Daytime telephone number ( )

**Part III Type of Income Subject to Withholding.** Check the applicable box(es).

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**Part IV Tax Withheld**

1 Total income subject to withholding	1	00
2 Total California tax withheld	2	00

For Privacy Notice, get form FTB 1131.

7101093

Form 592-B 2008

✂----- DETACH HERE -----✂

**Instructions for Recipient**

This withholding of tax does not relieve you of the requirement to file a California tax return within three months and fifteen days (two months and fifteen days for a corporation) after the close of your taxable year.

You may be assessed a penalty if:

- You do not file a California tax return.
- You file your tax return late.
- The amount of withholding does not satisfy your tax liability.

**How to Claim the Withholding**

Report the income as required and enter the amount from line 2 above on your California tax return as real estate and other withholding or nonresident withholding. Attach the top portion of Form 592-B, Copy B to the lower front of your California tax return. Make a copy for your records.

If you are a partnership or LLC, you may either flow-through the entire amount to your partners or members or claim the withholding, to the extent of your outstanding tax liability, on your tax return. If the withholding exceeds the amount of tax you still owe on your tax return, you must flow-through the excess to your partners or members. If you do not have an outstanding balance on your tax return, you must flow-through the entire amount to your partners or members. Use Forms 592 and 592-B to flow the withholding to your partners or members.

If you are an estate or trust, you must flow-through the withholding to your beneficiaries if the related income was distributed. Use Forms 592 and 592-B to flow-through the withholding to your beneficiaries. If you did not distribute the income,

you must claim the withholding on the fiduciary return, Form 541, California Fiduciary Income Tax Return.

If you are an S corporation, you can flow-through all of the withholding to your shareholders, claim a portion on your corporation return, Form 100S, California S Corporation Franchise or Income Tax Return, and flow-through the rest to your shareholders, or claim all of the withholding on the S corporation return. Use Forms 592 and 592-B to flow-through the withholding to your shareholders.

The amount shown as "Total income subject to withholding" may be an estimate or may only reflect how withholding was calculated. Be sure to report your actual taxable California source income. If you are an independent contractor or receive rents or royalties, see your contract and/or Form 1099 to determine your California source income. If you are an S corporation shareholder, partner, member, or beneficiary of an S corporation, partnership, LLC, estate, or trust, see your California Schedule K-1 (100S, 565, 568, 541), Share of Income, Deductions, Credits, etc., issued by that entity to determine your California source income.

**Additional Information**

For more information or to speak to a representative regarding this form, call the Withholding Services and Compliance's automated telephone service at: **888.792.4900** or **916.845.4900** (not toll free).

OR write to:

WITHHOLDING SERVICES AND COMPLIANCE  
FRANCHISE TAX BOARD  
PO BOX 942867  
SACRAMENTO CA 94267-0651

For information on requirements to file a California tax return or to get forms, call:

From within the United States: ..... 800.852.5711  
From outside the United States: ..... 916.845.6500 (not toll-free)

You can download, view, and print California tax forms and publications from our website at **ftb.ca.gov**.

OR to get forms by mail, write to:

TAX FORMS REQUEST UNIT  
FRANCHISE TAX BOARD  
PO BOX 307  
RANCHO CORDOVA CA 95741-0307

**Assistance for Persons with Disabilities**

We comply with the Americans with Disabilities Act. Persons with hearing or speech impairments please call:

TTY/TDD ..... 800.822.6268

**Asistencia Telefonica y en el Internet**

Sitio web: **ftb.ca.gov**

Dentro de los Estados Unido  
llame al ..... 800.852.5711  
Fuera de los Estados Unidos,  
llame al ..... 916.845.6500 (cargos aplican)

**Asistencia para Personas Discapacitadas**

Nosotros estamos en conformidad con el Acta de Americanos Discapacitados. Personas con problemas auditivos o de habla pueden llamar al TTY/TDD 800.822.6268.